ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ 85258
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

RECEIVED
DEC 28 2017
BY:

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: DEC. 28, 2017 Case Number: 18-47

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr Adriana Stinnett
Premise Name: Pet Urgent Care
Premise Address: 20811 N. Cave Creek # 105
City: Phoenix State: AZ Zip Code: 85024
Telephone: 602 687-7761

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Daniel J Kuret
Address: [redacted]
City: [redacted] State: [redacted] Zip Code: [redacted]
Home Telephone: [redacted] Cell Telephone: _____

**STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.*

C. PATIENT INFORMATION (1):

Name: Rocky Kurey

Breed/Species: Labrador

Age: 8 Sex: M Color: Silver

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Dr. Herrold & Dr. Joslin - Shea Animal Hospital
3232 E. Shea Blvd
Phoenix, AZ 85028

Dr. Dino Herrera - Blue Pearl
22595 N. Scottsdale, Rd Scottsdale, AZ 85255

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Rachel | Mike | - Pet Urgent Care

[redacted]

Carolina - Shea Animal Hospital

[redacted]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: [signature]

Date: 12/28/17

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

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Our dog, Rocky, was taken to our normal vet at Shea Animal Hospital on 8/14 because we believed he had eaten baby wipes and had stopped eating and pooping for a few days. Dr. Harrold was very concerned and agreed based on the X-rays that Rocky did have a foreign body in his intestines and thought that Rocky needed surgery ASAP. Due to the severity of Rocky's condition and the inability for Shea to perform the surgery that day, we were referred to Pet Urgent Care. When we arrived at Pet Urgent Care, the doctor suggested we do a Barium study before surgery because she wasn't positive something was actually stuck in his intestines. The barium slowly got through his intestines and we picked Rocky up at 9pm that night. He had now gone 5 days without food and we, along with our vet Dr. Herrold, were very concerned about that. He became very ill that night and a white substance coming out both ends during the night. The Pet Urgent Care did not reopen until 12 the next day so we returned at that time because we knew he wasn't doing well and needed to have surgery. He didn't go into surgery until about 5pm that night and stayed overnight at the facility. We talked to the doctor immediately following the surgery and she was very worried about infection due to they type of surgery and was going to have someone stay and monitor Rocky that night. I called numerous times the next morning and left messages at the office and with the emergency contact without an answer or a call back to let us know how Rocky did during the night. My husband and I had to go to the Vet after they had opened to find out how Rocky was doing. Stormy in the front office at Pet Urgent Care was very flustered and not sure if Rocky was supposed to stay or be discharged upon our initial arrive. She then read the chart and informed us he was to stay and be monitored the rest of the day. We picked Rocky up at 6pm and the office staff claimed Rocky had eaten and was to eat small meals and limited fluids that night along with a few different medicines. I was never able to get Rocky to eat and had to shove his medicine down his throat. He was dying of thirst and only wanted to drink water. He was panting uncontrollably and struggled to even lay down. We had to force him to lay down because he only wanted to stand and try and drink water. By about 12am he was in so much pain he moaning and crying louder than we had ever heard before. At 8am we brought Rocky back to Shea Animal Hospital because Pet Urgent Care did not open until 12pm. He had gained 7lbs since surgery (all fluid). Our doctor monitored him for about an hour and realized something was seriously wrong, he wasn't doing well and progressively getting worse very quickly so I took him to Blue Pearl (again Pet Urgent Care was not open at this time). Rocky was brought out on a stretcher barely hanging on. I believe he was almost dead in my car as I drove to Blue Pearl. After arriving at Blue Pearl, they aspirated his stomach and he was full of fluid and was septic. His blood pressure was too low to perform surgery and he was severely dehydrated. Blue Pearl said his chances were slim at surviving another surgery if they could get his blood pressure up enough to even perform the surgery. He would have to stay in the ICU with a feeding tube and drains with a less than 40% chance of survival. We opted to have Rocky put to sleep and out of his misery because the likelihood of survival was very slim and he was already in so much pain. We believe the after care at Pet Urgent Care was less than par. They released Rocky with a fever and elevated white blood cells without performing any kind of ultrasound to make sure his intestines were holding from the surgery. Their communication with us was also horrible as we had to come to their office at the time they opened to even know if our dog had survived the night after surgery. When calling to inquire about what had gone wrong and why they hadn't kept Rocky longer post surgery. They basically informed us they thought he was fine and "acting himself" when he was released. This is an emergency vet who did not know what my dog's "normal" was but he came out tail between his legs, ears down and

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"acting himself" when he was released. This is an emergency vet who did not know what my dog's "normal" was but he came out tail between his legs, ears down and severely panting. This was not normal behavior, but I am not a doctor so we trusted they knew what was right of him. They also told us that we had taken him to another place when he should have still been under their care, but they were closed and our dog was dying what were we supposed to do? I have two young children who had to experience a horrible horrible suffering of their beloved dog. I do not want any other family to be treated the way Rocky was treated by Pet Urgent Care. I believe had he had surgery at Shea Animal Hospital or Blue Pearl his chances of surviving would have been far greater but with his poor post surgical care at Pet Urgent Care, he wasn't even given a fighting chance. This was a perfectly healthy dog as our vet can attest. He had no health issues that would have made this surgery any more difficult or that would effect his chances of survival. Please investigate this situation so that this does not happen to any other family or dog. No animal or family should have to go through what Rocky went through.
Dr. Harrold and myself have been trying to get a hold of the owner since Rocky's passing. He called each of us back saying he would investigate the situation, but is now not returning our calls.

To the Arizona Veterinary Medical examining Board – Tracy A. Riendeau, CVT
From Dr. Adriana Stinnett, DVM

Re; Kuret, "Rocky"
Case Number: 18-47

Attachment – Medical record and surgical notes from 8/14/17 and 8/15/17

January 8, 2018

Hello,

May I first say how sorry I am about Rocky Kuret. What a wonderful dog, and such a nice family.

Here is the requested typewritten signed narrative account of my position with respect to events associated with this inquiry:

8/14/17
Rocky Kuret was transferred from Shea Animal Hospital to Pet Urgent care for possible intestinal foreign body surgery. Radiographs taken at Shea Animal Hospital revealed loops of bowel suggestive of a possible intestinal obstruction. I was not convinced that Rocky had an obstruction, or that he needed to go straight to surgery. I felt it would be reasonable to hydrate him, treat with GI medications and reassess. Based on Rocky's stable clinical presentation and conversation with Mr. Kuret regarding going to surgery now versus medical intervention first, it was decided to wait until the following day to see how Rocky responded, what the radiographs reveal, and determine a further course of action. A treatment plan was prepared, and medical treatment instituted. Additional radiographs with barium were performed, showing the barium in transit. Rocky was discharged and he would return the following day.

8/15/17
Rocky returned the following day for a recheck, and was worse clinically. He was then prepared for surgery. I performed exploratory abdominal surgery, and removed baby wipes from the stomach and intestines. The surgery was overall routine removal of linear type foreign material. There was an area of compromised bowel (a small tear or hole) where intestinal fluid leaked into the abdomen. Extra precaution was taken to minimize infection. The abdomen was copiously lavaged in standard fashion before closing, and IV antibiotics were administered before, during, and after surgery. I called Mrs. Kuret immediately after surgery to inform her surgery went well overall but that there is an increased potential for post op peritonitis due to the area of compromised bowel, and told her Rocky needs to stay hospitalized overnight, and possibly additional days depending on his condition. I told her he is by no means out of the woods, and informed Mrs. Kuret that a technician will be staying to monitor Rocky throughout the night. When I left Pet Urgent Care the evening of his surgery, Rocky was stable, alert, and recovering. I left word with everyone to please call me if Rocky needs anything that evening. This was the last time I saw Rocky.

8/16/17
Discharge Day: I was not working at Pet Urgent Care the day Rocky was discharged, and noticed I was erroneously listed as the attending veterinarian on labs and discharges for this day.
Dr. Rudy Kirkhope was the attending. I was sent a copy (via text) of the discharges prepared at Pet Urgent Care for my approval this day, but had spoken to Rachel about letting her know the attending veterinarian's name should be on that days record, to which she agreed needs to be changed. It was fine for her to send them to me to look over, but I called her at the time to make sure Dr. Kirkhope looks them over in case there were adjustments to medications, plan, etc. During this brief conversation, Rachel informed me Rocky was doing very well and ready to go home. The complaint letter states Rocky was discharged with a fever and elevated WBC. I had no knowledge of this.

8/17/17
I was notified from Pet Urgent Care that Rocky had been euthanized. I reached out to the family to offer my condolences and talk about Rocky. They had questions about the surgery, and voiced concern about Rocky's post-surgical care. I also reached out to the referring veterinarian Dr. Herrold, but was unable to make contact. I wanted information about diagnostics performed at Shea before Rocky was referred to Blue Pearl. I called and spoke with Dr. Herrera from Blue Pearl, who stated Rocky presented like a dog with septic peritonitis, and stated intracellular bacteria was found on abdominocentesis. I don't know if a four quadrant tap was performed, and would not rely on one single aspirated area in case intestinal contents were inadvertently aspirated. I informed Dr. Herrera about the compromised bowel, and contamination during surgery, which he felt could explain the free bacteria in the abdomen. I also informed him the surgery itself was fairly straightforward, and that the enterotomies were simple and closed nicely, patency was checked, the abdomen was lavaged, and enterotomies rechecked. I told Dr. Herrera I was very concerned about aspiration pneumonia since Rocky had recently vomited, and asked if chest radiographs were taken. We also discussed other differentials such as a possible pulmonary thromboembolic event. I also wondered if Rocky had experienced a post-surgical type of bloat.

I was informed that the Kuret family made the tough decision to have Rocky euthanized. Dr. Herrera informed me there would be no post mortem exam.

If you have further questions, please do not hesitate to contact me.

Sincerely,

Adriana Stinnett

Dr. Adriana Stinnett, DVM

DOUGLAS A. DUCEY
- GOVERNOR -

VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Donald Noah, D.V.M. - Chair
Amrit Rai, D.V.M. - **Absent**
Adam Almaraz
Robert Kritsberg, D.V.M.
Tamara Murphy - **Absent**

STAFF PRESENT: Tracy Riendeau, CVT, Staff Investigator
Victoria Whitmore, Executive Director
Sunita Krishna, Assistant Attorney General

RE: Case: 18-47
Complainant(s): Daniel J. Kuret
Respondent(s): Adriana Stinnett, DVM (License: 4496)

SUMMARY:
Complaint Received at Board Office: 12/28/17
Committee Discussion: 3/6/18
Board IIR: 4/18/18

APPLICABLE STATUTES AND RULES:
Laws as Amended July 2014 (Salmon); Rules as Revised September 2013 (Yellow)

On August 14, 2017, "Rocky," an 8-year-old male Labrador was presented to Respondent's premise on referral for an exploratory laparotomy. Diagnostics were performed and the dog was discharged. The following day the dog returned, surgery was performed by Respondent and the dog was discharged on August 16, 2017.

Due to the dog's declining condition, he was euthanized the following day.

Complainant contends Respondent was negligent in the care of the dog.

Complainant was noticed and did not appear.
Respondent was noticed and appeared with counsel, David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Daniel J. Kuret*
- Respondent(s) narrative/medical record: *Adriana Stinnett, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Shea Animal Hospital and Blue Pearl Veterinary Partners*

PROPOSED 'FINDINGS of FACT':

1. On August 14, 2017, the dog was presented to Respondent on referral from Shea Animal Hospital for possible exploratory laparotomy. It was suspected that the dog ate a bag of baby wipes several days earlier and the dog had stopped eating. Radiographs revealed possible string foreign body; surgery was recommended but could not be performed at Shea Animal Hospital therefore the dog was sent to Pet Urgent Care for surgery.

2. Upon exam, the dog had a weight = 84 pounds, a temperature = 102.4 degrees, a heart rate = 126bpm and a respiration rate = pant. The dog had a previous foreign body surgery. Abdominal palpation seemed touchy caudally. The dog was engaged, actively walking around exam room anxiously, and appeared bright. Respondent discussed with Complainants not taking the dog straight to surgery without giving the dog the chance to improve with medical treatment. They discussed going straight to surgery versus barium series and outpatient therapy, since there was the possibility that it was an ileus. Complainants approved barium series and the dog was hospitalized for diagnostics and IV therapy which included IV fluids bolus then maintenance, barium and IV famotidine and cerenia. Blood was also collected for testing.

3. Radiographs revealed the barium passing with evidence of the bowel taking up more barium in the small bowel. Respondent reviewed the radiographs with Complainants – the dog appeared bright and the barium was traveling therefore they opted to hold off on surgery. The plan was to send the dog home on GI protectants and return the following day for additional radiographs and to evaluate the dog clinically. It would be determined at that time if exploratory surgery was warranted.

4. On August 15, 2017, the dog was presented to Respondent for a recheck and repeat radiographs. Upon exam, the dog had a weight = 84 pounds, a temperature = 102.6 degrees, a heart rate = 126bpm and a respiration rate = pant. The dog was bright, walking anxiously around and had malodorous breath with slightly dry mucous membranes. Radiographs revealed the barium had made its way into the colon. Respondent relayed to Complainants that based on the radiographs and the dog's decline, looking depressed and vomiting at home, surgery was recommended.

5. Respondent had sent the radiographs to Dr. Gilson, the practice owner, for his opinion, who suggested the small bowel could possibly show plication and suggested it may be best to explore the abdomen.

6. Complainants approved surgery. A ventral midline incision was made; bowel showed a plicated jejunum that appeared pink, moist and essentially overall healthy. Although enterotomies were required, the bowel did not require anastomosis. The first enterotomy was made at the large curvature of the stomach where baby wipes were removed along with a barium, grass and twigs. The second, third and fourth enterotomies were made and more baby wipes were removed. Closures were uncomplicated and enterotomy sites were checked for patency. A friable perforation in a segment of the bowel closer to the end of the jejunum was noted. It was suspected that intestinal contents may have or had been leaking into the abdominal cavity. More baby wipes were removed from this perforation and was repaired same as the enterotomies.

7. The abdomen was flushed with sterile saline and suctioned. The enterotomies were checked and omentum was wrapped around them to help blood supply to the sites. The abdomen was closed and heating pads and blankets were used to warm the patient. The dog recovered.

8. Respondent contacted Complainants with the findings and the perforated bowel. She explained that antibiotics were administered IV during surgery and the dog would be kept on antibiotics and other GI medications overnight. Respondent recommended the dog remain hospitalized throughout the following day for monitoring, IV fluids, treatment and rechecking blood work. Staff would be with the dog throughout the evening.

9. On August 16, 2017, Complainants stated they called numerous times that morning and left messages at the office with the emergency contact. No return call was made to let them know how the dog did overnight. The premise opened at noon, therefore Complainants went to the premise to check on the dog. Staff advised them that it was recommended the dog stay to be monitored throughout the day and could be discharged that evening. It is not clear if they spoke with a veterinarian (Dr. Rudy Kirkhope was on duty) or if they were advised how the dog was doing.

10. Later that evening, at approximately 6pm, Complainants picked up the dog. They were advised by staff that the dog had eaten and it was recommended to feed small meals and limit fluids that evening. Medications were to be given – Rimadyl, famotidine, metoclopramide, and cephalexin. It is unclear if a veterinarian spoke to Complainants at discharge. Complainants reported that evening, the dog would not eat, he was panting, struggled to lie down, wanted to drink uncontrollably and they had to force the medication down his throat. By midnight, the dog was vocalizing in pain. Complainants waited until the following morning to take the dog in for care at Shea Animal Hospital – Respondent's premise did not open until noon.

11. The next morning (8/17), the dog was presented to Shea Animal Hospital and within the hour was transferred to Blue Pearl on emergency. Blue Pearl aspirated the dog's abdomen which was full of fluid; the dog was septic and was not a surgical candidate at that time. Complainants elected to humanely euthanize the dog.

12. Complainants expressed concern with the poor after-care of the dog and lack of communication they received. Calls were not returned with the condition of their dog the day after surgery and they had to go to the premise to find anything out. The dog was discharged with a fever and an elevated WBC. Complainants stated that upon discharge, the dog had his tail between his legs, ears down and was panting. They were told the dog was acting normal and was fine to go home.

COMMITTEE DISCUSSION:

The Committee discussed that there were communication and surgical issues with this case. Respondent was a relief veterinarian in this case but still should have followed up with the case. The dog was referred to the premise with the understanding that surgery was to be performed that day as the regular veterinarian had already worked up the case and the dog needed surgical intervention that day. Earlier intervention may have had the same outcome.

There were post-surgical complications occurred that likely led to the death of the dog. It was known that the dog had ingested a foreign object three days prior and was having issues. The referring hospital could have performed surgery the following morning, which would have been approximately 9 hours earlier than when Respondent performed the surgery; the referring hospital felt the dog needed surgery the day of the referral. Anytime foreign bodies are involved, there is urgency in determining whether surgery should be performed or not. The longer that it is delayed the more damage can occur.

The term friable was used to describe tissue which indicates the tissue was compromised and not viable. It sounds as if a portion of the intestine should have possibly been resected. The dog died as a result of a breakdown of one or all of the surgical sites; there was no bloat or aspiration pneumonia. Postponing the surgery was a poor choice and had the surgery been performed the night before, when it was expected to be done, the outcome may have been different.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the *Veterinary Practice Act* occurred.

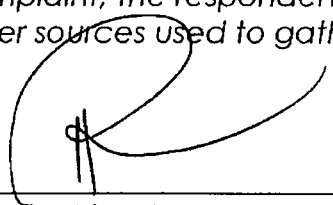
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

> *ARS § 32-2232 (11) gross negligence – for postponing the surgery when the entire purpose of the referral was to have surgery performed immediately; postponing of the surgery may have resulted in injury, unnecessary suffering or death.*

Vote: The motion was approved with a vote of 3 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division

DOUGLAS A. DUCEY
- GOVERNOR -

VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

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8. Respondent contacted Complainants with the findings and the perforated bowel. She explained that antibiotics were administered IV during surgery and the dog would be kept on antibiotics and other GI medications overnight. Respondent recommended the dog remain hospitalized throughout the following day for monitoring, IV fluids, treatment and rechecking blood work. Staff would be with the dog throughout the evening.

9. On August 16, 2017, Complainants stated they called numerous times that morning and left messages at the office with the emergency contact. No return call was made to let them know how the dog did overnight. The premise opened at noon, therefore Complainants went to the premise to check on the dog. Staff advised them that it was recommended the dog stay to be monitored throughout the day and could be discharged that evening. It is not clear if they spoke with a veterinarian (Dr. Rudy Kirkhope was on duty) or if they were advised how the dog was doing.

10. Later that evening, at approximately 6pm, Complainants picked up the dog. They were advised by staff that the dog had eaten and it was recommended to feed small meals and limit fluids that evening. Medications were to be given – Rimadyl, famotidine, metoclopramide, and cephalexin. It is unclear if a veterinarian spoke to Complainants at discharge. Complainants reported that evening, the dog would not eat, he was panting, struggled to lie down, wanted to drink uncontrollably and they had to force the medication down his throat. By midnight, the dog was vocalizing in pain. Complainants waited until the following morning to take the dog in for care at Shea Animal Hospital – Respondent's premise did not open until noon.

11. The next morning (8/17), the dog was presented to Shea Animal Hospital and within the hour was transferred to Blue Pearl on emergency. Blue Pearl aspirated the dog's abdomen which was full of fluid; the dog was septic and was not a surgical candidate at that time. Complainants elected to humanely euthanize the dog.

12. Complainants expressed concern with the poor after-care of the dog and lack of communication they received. Calls were not returned with the condition of their dog the day after surgery and they had to go to the premise to find anything out. The dog was discharged with a fever and an elevated WBC. Complainants stated that upon discharge, the dog had his tail between his legs, ears down and was panting. They were told the dog was acting normal and was fine to go home.

COMMITTEE DISCUSSION:

The Committee discussed that there were communication and surgical issues with this case. Respondent was a relief veterinarian in this case but still should have followed up with the case. The dog was referred to the premise with the understanding that surgery was to be performed that day as the regular veterinarian had already worked up the case and the dog needed surgical intervention that day. Earlier intervention may have had the same outcome.

There were post-surgical complications occurred that likely led to the death of the dog. It was known that the dog had ingested a foreign object three days prior and was having issues. The referring hospital could have performed surgery the following morning, which would have been approximately 9 hours earlier than when Respondent performed the surgery; the referring hospital felt the dog needed surgery the day of the referral. Anytime foreign bodies are involved, there is urgency in determining whether surgery should be performed or not. The longer that it is delayed the more damage can occur.

The term friable was used to describe tissue which indicates the tissue was compromised and not viable. It sounds as if a portion of the intestine should have possibly been resected. The dog died as a result of a breakdown of one or all of the surgical sites; there was no bloat or aspiration pneumonia. Postponing the surgery was a poor choice and had the surgery been performed the night before, when it was expected to be done, the outcome may have been different.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the *Veterinary Practice Act* occurred.

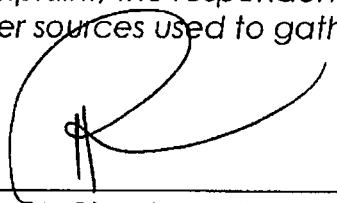
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

> *ARS § 32-2232 (11) gross negligence – for postponing the surgery when the entire purpose of the referral was to have surgery performed immediately; postponing of the surgery may have resulted in injury, unnecessary suffering or death.*

Vote: The motion was approved with a vote of 3 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division

DOUGLAS. A DUCEY
GOVERNOR

VICTORIA WHITMORE
EXECUTIVE DIRECTOR

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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IN ACCORDANCE WITH § A.R.S. 32-2237(D): "IF THE BOARD REJECTS ANY RECOMMENDATION CONTAINED IN A REPORT OF THE INVESTIGATIVE COMMITTEE, IT SHALL DOCUMENT THE REASONS FOR ITS DECISION IN WRITING."

At the May 16, 2018 meeting of the Arizona State Veterinary Medical Examining Board, the Board conducted an Informal Interview in Case 18-47, In Re: Adriana Stinnett, DVM.

The Board considered the Investigative Committee Findings of Fact, Conclusions of Law, and Recommended Disposition:

> *ARS § 32-2232 (11) gross negligence – for postponing the surgery when the entire purpose of the referral was to have surgery performed immediately; postponing of the surgery may have resulted in injury, unnecessary suffering or death.*

Following the informal interview with Respondent, the Board agreed with the Investigative Committee that Respondent's care and treatment of the dog fell below the standard of care but did not agree with the recommended violation. The Board voted to find Respondent in violation of:

> *ARS § 32-2232 (12) as it relates to AAC R3-11-501 (1) failure to provide professionally acceptable procedures for misinterpretation of radiographs and missing a blockage pattern.*

Respectfully submitted this 20th day of JUNE, 2018.

Arizona State Veterinary Medical Examining Board

Jim Loughead, Chair